

Credit Account Application Form

CYRANO LTD, 24-26 FINCH DRIVE, SPRINGWOOD INDUSTRIAL ESTATE, BRAINTREE, ESSEX, CM7 2SF.

Tel: 01376 329833

Fax: 01376 329811

Email: info@cyranoltd.co.uk

Website: www.cyranoltd.co.uk

Please complete this form in BLOCK CAPITALS if you require credit facilities with Cyrano Limited and return to the address above. If the requested information is not provided in full an account can not be opened.

This credit account application form will entitle you to strictly 14 days Payment Terms unless otherwise agreed in writing by the Directors of Cyrano Limited and by completing this form you agree to comply with these terms.

1) BUSINESS DETAILS

Full Trading Name of Business:	STATUS: (Please tick)			
Address:	Limited Company <input type="checkbox"/>	Sole Trader <input type="checkbox"/>	Partnership <input type="checkbox"/>	OTHER <input type="checkbox"/>
	If OTHER please specify:			
Telephone:	V.A.T. No:			
Facsimile:	Co. Reg. No:			
Email:	Date Established:			
Web address:				

2) If a LIMITED COMPANY, Company Director/s to complete below:

Full Name:	Full Name:
Home Address:	Home Address:
Telephone:	Telephone:
Mobile:	Mobile:

3) SOLE TRADERS and PARTNERSHIPS:

(Please provide full name, home address and telephone number of the principle (where Sole Trader) and every Partner in the firm)

Full Name:	Full Name:
Home Address:	Home Address:
Telephone:	Telephone:
Mobile:	Mobile:

4) TRADE REFERENCES:

Full Name:	Full Name:
Full Address:	Full Address:
Telephone:	Telephone:

5) ANTICIPATED CREDIT LIMIT REQUIRED £

6) BANK DETAILS:

Bank:
Branch Address:
Branch Sort Code:
Bank Account No:
Account in Name of:

7) USUAL PAYMENT METHOD (please tick)

Cheque <input type="checkbox"/>	Credit/Debit Card <input type="checkbox"/>	BACS <input type="checkbox"/>	OTHER <input type="checkbox"/>
If OTHER, please specify:			

8) WHO IS RESPONSIBLE FOR PAYMENT OF ACCOUNT?

Contact:	Telephone:
Position in company:	Email:

9) INVOICE ADDRESS

(if different to Business Details Address supplied)

10) DELIVERY ADDRESS

(if different to Business Details Address supplied)

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11) WHERE WOULD YOU LIKE INVOICES/STATEMENT OF ACCOUNT SENT?

(eg. Head Office/Salon/Home) please provide address details below)

Mailing Address:

Cyrano Limited reserves the right to withdraw credit facilities if Payment Terms are not adhered to.

All goods remain the property of Cyrano Limited until paid for in full and therefore may be reclaimed if Payment Terms are not met.

I /We hereby confirm that the information supplied is correct

1) Signature	_____
Name in Block Capitals	_____
Position in company	_____
Date	_____
2) Signature	_____
Name in Block Capitals	_____
Position in company	_____
Date	_____

All information supplied will be treated as confidential and is purely for use by Cyrano Limited only.